

8022



WASTEX RESEARCH, INC.

January 28, 1988

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JAN 28 1988

IEPA-DLPC

Lawrence Eastep, Manager
Permit Section
Division of Land Pollution Control
Illinois Environmental Protection Agency
2200 Churchill Road
Springfield, IL. 62706

EPA Region 5 Records Ctr.



315972

Subject: Agitator Tank Process, DLPC Site
No: 1630450038, Log No: 1987-104
USEPA I.D. No: ILD980700744

Dear Mr. Eastep,

In the subject letter dated April 29, 1987, your Section denied an application for permit to operate an "Agitator Tank Process" at our facility. This process will allow Wastex to use much of the existing inventory on site in the fuel blending program and drastically minimize the amount of material that would require other less environmentally appropriate and very expensive means of disposal. The hazardous waste fuel burner that is to utilize this fuel has approved a firm contract to accept the fuel that Wastex will provide. Acceptance is based upon the fuel meeting a rigid set of criteria developed by the facility and approved under their environmental operating permits.

As the denial letter appears to be specific in the point of deficiency determined by the Agency, we are responding to the letter on a point by point basis and asking that the permit be reconsidered and issued on a timely basis.

1. A. The accidental reaction of the ignitable or incompatible waste is prevented by measures previously implemented for the fuel blending process over all. All electrical equipment is explosion - proof and tools and equipment used are non-sparking. The analytical information regarding the waste is reviewed for any potential incompatibility and the compatibility of the wastes are verified by manually mixing a small quantity of the materials to be blended.

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JAN 28 1988

COLLINSVILLE OFFICE

B. There are no dry reagent materials to be used in the process and dust is therefore not a point of concern. The material to be emptied from the drums is normally very thick and viscous and contains only a small fraction of those materials that would easily volatilize and cause an odor problem. The equipment is located in buildings 1 and 38 and this would help minimize the effects of any odor generated.

C. When the daily operations are concluded all drums that are not empty will be closed and all liquid and flowable materials in the trough passed on through into the agitator tank. Any minor spills that have accumulated will be cleaned up and the equipment made ready for the next daily operation period.

D. A Contingency Plan has been prepared and submitted to the Agency for the facility. Two emergency telephones are immediately available, one is in building 1 and one in building 38. The Plant Supervisor carries a walkie talkie which provides constant communication with the office and his vehicle has a citizens band radio which provides backup to the walkie talkies and potential emergency contact on channel 9.

1. As shown on the enclosed drawings, the normal waste feed cut-off is located immediately adjacent to the masticator pump and a emergency cut-off is located on the north wall of building 38 on one of the tentative evacuation routes.

2. Containment will be provided in building 1 for a minimum of 10 percent of the volume of the containers to be held in that area for waste processing.

2. This unit will allow the use of a greater portion of the materials received by the facility in the hazardous waste fuel blending program and provide for the reduction of current inventory at the facility. There are other waste streams currently available to the facility that would be amenable to hazardous waste fuel blending if permitted for acceptance by the Agency that would be considered for such permitting procedures.

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3. No applications have been submitted for new waste streams for processing in this equipment. The percentage of solids for any new waste stream so considered will be limited, as necessary, by the permitting authority of the Agency. These activities have been considered under advice of Counsel.
4. A. This information is provided and can be identified as Exhibit A.

B. The age of the tank is unknown to the current Owner. The tank was purchased used and brought on site for installation of the agitator mechanism.. Prior to the installation of the agitator, the tank was inspected and no indication of cracks, faulty welds, pitting, scaling, or other signs of deterioration were noted. The tank was not used at the facility prior to installation of the agitator mechanism.

C. This information is provided and can be identified as Exhibit A.
5. A. WASTE PAINT - WASTE INKS - WASTE SOLVENTS - WASTE PAINT & SOLVENTS - WASTE INKS & SOLVENTS - WASTE OILS (GEARS, HYDRAULIC, LUBE, FUEL & COMPRESSOR) - WASTE FUEL OIL TANK BOTTOMS - WASTE FLAMMABLE LIQUIDS - WASTE RESINS - WASTE HAZARDOUS LIQUIDS.

B. F001 - F002 - F003 - F005 - D001 - K086

C. The waste stream composition of the waste entering into the agitator tank/agitator pump process will be made up of those wastes previously permitted for acceptance at this facility by the Agency. However, in the case of the Chase inventory in particular, the waste composition may vary to some degree. Therefore, the waste composition listed below may not include all components entering the agitator tank/agitator pump process, especially any that may be permitted for acceptance by this facility in the future. The waste composition for wastes entered at this facility, but is not limited to, the following which is expressed in weight percent:

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TOTAL SOLIDS	1 - 85%
TOTAL WATER	0 - 25%
TOTAL CHLORINE	0 - 20%
TOTAL SULFUR	0 - 10%
TOTAL VOLATILES	1 - 100%
PAINT/PAINT PIGMENTS	0 - 90%
INKS/INK PIGMENTS	0 - 90%
OILS	0 - 90%
RESINS	0 - 90%
Aromatic Hydrocarbons such as Benzene, Toluene & Xylenes	0 - 90%

Aliphatic Hydrocarbons such as Hexane, Heptane,
Naphthas & Mineral Spirits
0 - 90%

Alcohols such as Ethanol, Methanol, n-Butanol,
Isopropyl & Propanol 0 - 90%

Cholinates such as Methylene Chloride, Perchlor-
Ethylene, Trichorethylene & 1,1,1-Trichlorethylene
0 - 20%

Glycols 0 - 20%

Esters such as n-Butyl Acetate, Ethyl Acetate
& Isobutyl Acetate 0 - 50%

Keytones such as Acetone, Methyl Ethyl Ketone
& Methyl Isobutyl Ketone
0 - 90%

The waste generated by the agitator tank/ gorator
pump process is placed into the cement kiln fuel
process. Although each kiln has different specifi-
cations that must be met, the following is the
basic criteria that this facility meets for its'
kiln grade waste fuel.

HEAT CONTENT	> 8,000 BTU/lb
VISCOSITY	< 3,000 CENTIPOISE
SOLIDS (1/8")	25%
SULFUR	3%
NITROGEN	2%
HALOGENS	10%
pH	5 to 10
WATER	20%
ASH CONTENT	20%

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METALS

ARSENIC	5.0 ppm
BARIUM	1,000.0 ppm
CADMIUM	300.0 ppm
CHROMIUM	1,000.0 ppm
LEAD	700.0 ppm
MERCURY	1.0 ppm
BERILLIUM	0.4 ppm
ZINC	1,000.0 ppm
SILVER	5.0 ppm
SELENIUM	1.0 ppm
PCB	< 50.0 ppm

6. This equipment and the area is included in the current daily and weekly inspection procedures using the same methodology as previously approved inspections.
7. Modification of the Part A has not been considered necessary as this is a part of the fuel blending process currently under the Part A without increasing the maximum through-put or storage capacity.

The following paragraphs are in response to a letter dated December 28, 1987. To Tom Immel, by Mr. James L. Morgan Assistant Attorney General.

Re: Page 2 Item 3

A separate daily operating record will be kept for any activities regarding the Chase inventory. However, the Chase record will also be tied into the facility operating record since liquid wastes from the facility's inventory will be used in the blending process.

- a) All of the drums in the Chase inventory have been numbered or given an ID number (Drums stacked more than 2 high and 2 wide have assigned numbers). The contents by volume and composition will be shown on the operating record at the time the drums enter the process area.

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- b) See response to item #4 of Morgan Letter.
- c) The date that each batch of drums of Chase inventory enters the processing area will be noted as will the date that each drum is actually processed.
- d) Each drum in each separate batch will have a number assigned to it. The operating record will show the total number of drums and the ID number of each drum along with the volume of each drum. Upon completion of the processing each batch, the total volume processed will be entered into the operating record.
- e) The date that the processing of the batch is completed will be entered into the operating record. The date that the batch is transferred from the Agitator Tank to a specific Storage Tank will also be noted.
- f) As each batch is transferred from the Agitator Tank to the Storage Tank, the Storage Tank number and date will be entered into the operating record.
- g) The date the batch or any part of the batch is removed from storage will be entered into the operating record. The volume and the destination of the waste will also be entered.

A Copy of the proposed forms to be used for tracking the Chase Inventory are attached and identified as exhibit B.

Re: Page 3 Item #4

WASTE ANALYSIS PLAN AND SAMPLING METHODS
Chase Inventory

- A. Drums in batches shall consist of lots of 50 drums each. All drums for the batch shall have waste identifiable, like, characteristics, such as paint, ink, resin and still bottoms. A representative sample from the 50 drum batch shall be collected and analyzed prior to mixing by compositing equal volume aliquots from 10 randomly selected drums. The drums that do not have waste that is readily identifiable shall be separated from the batch, held to accumulate like materials or shall be separately analyzed.

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- B. The use of glass sampling thief for liquids and a coring tool for solids. A single glass thief will be dedicated to each drum sample in order to avoid cross contamination. The coring tool shall be decontaminated between each sample collected solid samples shall be taken from different areas in a drum, the samples thoroughly mixed before compositing with sample from other drums.
- C. Each representative shall be analyzed for flash point, BTU value, pH, cyanide, sulfide and reactivity. Characteristic of E.P. Toxicity as listed in 35 Ill. ADM Code 721.124 indicating total metals arsenic, barium, cadmium, chromium lead, mercury, selenium, and silver. Total organic carbon, organic halogens, PCB's, and dioxins. Analyses shall be preformed in accordance with page 23 par. B8 of the Consent Decree. Records of each batch for Waste Fuel shall be maintained at the facility as described on page 26 par. B18. The empty drums shall be disposed of at a permitted facility meeting the requirements of Federal & State Law.

Re: Page 3 Item #5

The plans have been previously submitted to the Agency under cover letter dated August 28, 1987. to Mr. Andy Volmer.

However, Wastex received a letter dated January 19, 1988. Ref. No. 1630450038- St. Clair from the Agency's Permit Section deeming the Closure Plan inadequate. We, are currently reviewing and to answer or to comply with the inadequate out lined by the Agency. The writer does not understand why it has taken over four (4) years and many revision reviews and now to determine that the Closure Plan is inadequate.

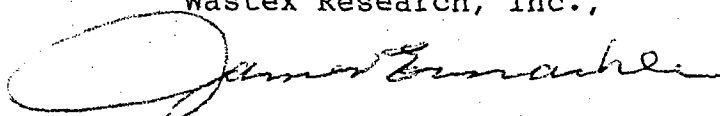
January 28, 1988
Lawrence Eastep
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Letter dated September 30, 1987 mailed October 6, 1987. to the IEPA and U.S. EPA Region V updating the Inspection, Emergency and Contingency Plans update on the Closure Plan was also submitted. However, that as of January 15, 1988 the entire Closure Plan was deemed inadequate by the Agency.

We hope that this letter will adequately address the points of concern pointed out in your letter and that of Mr. James I. Morgan to provide the necessary information to allow issuance of the operating permit.

Sincerely,

Wastex Research, Inc.,

A handwritten signature in dark ink, appearing to read "James E. Markle", is written over a large, loopy circular flourish.

James E. Markle, President

enc: Exhibit "A".
Exhibit "B".

cc: U.S. EPA, Region V,
RCRA Enforcement Section, 5HE-12
IEPA
Division of Land Pollution Control,
Compliance Assurance Section
James I. Morgan, Assistant Attorney General
Tom Immel, Corporate Attorney

ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)	
I. EPA I.D. NUMBER	
III. FACILITY NAME	
V. FACILITY MAILING ADDRESS	
VI. FACILITY LOCATION	

PLEASE PLACE LABEL IN THIS SPACE

I. EPA I.D. NUMBER	
F I L D 0 9 7 9 3 1 2 2 4	

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS	
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.	
SPECIFIC QUESTIONS	MARK 'X'
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	YES NO FORM ATTACHED
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	YES NO FORM ATTACHED
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	YES NO FORM ATTACHED
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	YES NO FORM ATTACHED
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	YES NO FORM ATTACHED
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	YES NO FORM ATTACHED
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	YES NO FORM ATTACHED
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	YES NO FORM ATTACHED
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	YES NO FORM ATTACHED
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	YES NO FORM ATTACHED

III. NAME OF FACILITY	
1	WASTEX RESEARCH, INCORPORATED

IV. FACILITY CONTACT	
A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 HEIN TERRY ADMINISTRATIVE MGR.	618 271 2372

V. FACILITY MAILING ADDRESS	
A. STREET OR P.O. BOX	
3 2000 BROADWAY AVENUE	
B. CITY OR TOWN	C. STATE D. ZIP CODE
4 EAST ST. LOUIS	IL 62205

VI. FACILITY LOCATION	
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	
5 2000 BROADWAY AVENUE	
B. COUNTY NAME	C. CITY OR TOWN
ST. CLAIR	EAST ST. LOUIS
D. STATE	E. ZIP CODE
IL	62205

SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
7 2 8 5 1 (specify) Waste Paint Solvents										7 2 8 9 3 (specify) Waste Printing Inks									
C. THIRD										D. FOURTH									
7 2 9 1 1 (specify) Waste Raw Materials										7 2 9 9 2 (specify) Waste Oils									

VIII. OPERATOR INFORMATION

A. NAME																																																		B. Is the name listed in Item VIII-A also the owner?									
WASTEX RESEARCH INCORPORATED																																																		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																																								D. PHONE (area code & no.)																			
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE																																								P (specify) 6 1 8 2 7 1 2 3 7 2																			
E. STREET OR P.O. BOX																																																											
2 0 0 0 BROADWAY																																																											
F. CITY OR TOWN																														G. STATE					H. ZIP CODE					IX. INDIAN LAND																			
EAST ST. LOUIS																														I L					6 2 2 0 5					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																			

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
N															9 P														
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
U															1 9 8 0 1 8 O P (specify) State of Ill. EPA														
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
R															1 9 8 0 1 8 D E (specify) State of Ill. EPA														

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Wastex Research, Inc., is involved in waste hauling, reclamation, and liquid and solid fule programs. Our goal is to turn industrial waste (mainly waste paint solvents) into useable energy and re-useable products. These goals are achieved by means of centerfuging, distillation, filtration, and mixing. Other means are being considered for use in the future, one being incineration.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)																														B. SIGNATURE																				C. DATE SIGNED									
Norma N. Chase/President																														Norma N. Chase																				8-26-80									

COMMENTS FOR OFFICIAL USE ONLY



GENERAL INFORMATION

Consolidated Permits Program
(Read the "General Instructions" before starting.)

FILED 09-7-93 10-24

I. LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

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SPECIFIC QUESTIONS

MARK 'X'

YES NO FORM ATTACHED

A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)

X

C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)

X

E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)

X

X

G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)

X

I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)

X

SPECIFIC QUESTIONS

MARK 'X'

YES NO FORM ATTACHED

B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)

X

D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)

X

F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)

X

H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)

X

J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)

X

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1 WASTEX RESEARCH, INCORPORATED

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A. NAME & TITLE (last, first & title)

B. PHONE (area code & no.)

2 HEIN TERRY ADMINISTRATIVE MGR.

618

271

2372

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 2000 BROADWAY AVENUE

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4 EAST ST. LOUIS

C. STATE

IL

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62205

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B. COUNTY NAME

ST. CLAIR

C. CITY OR TOWN

6 EAST ST. LOUIS

D. STATE

IL

E. ZIP CODE

62205

F. COUNTY CODE (if known)

163

AUG 27 1990

A. FIRST		B. SECOND	
2 8 5 1 (specify) Waste Paint Solvents	7 2 8 9 3 (specify) Waste Printing Inks		
C. THIRD		D. FOURTH	
2 9 1 1 (specify) Waste Raw Materials	7 2 9 9 2 (specify) Waste Oils		

I. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also the owner? <input type="checkbox"/> YES <input type="checkbox"/> NO
W A S T E X R E S E A R C H I N C O R P O R A T E D		

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE	M = PUBLIC (other than federal or state) O = OTHER (specify)	P (specify)	6 1 8 2 7 1 2 3 7 2

E. STREET OR P.O. BOX	
0 0 0 B R O A D W A Y	

F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
E A S T S T. L O U I S	I L	6 2 2 0 5	Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
N	9 P		

B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
U	9 Z 1 9 8 0 1 8 O P	(specify) State of Ill. EPA	

C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
R	9 Z 1 9 8 0 1 8 D E	(specify) State of Ill. EPA	

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III. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Norma N. Chase/President	Norma N. Chase	8-26-80

COMMENTS FOR OFFICIAL USE ONLY

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FORM 1 EPA U.S. ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER
F 15 0 9 7 9 3 1 2 2 4

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☒ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS		T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT	T03	TONS PER HOUR OR METRIC TONS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	F	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	B	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	Q	
GALLONS PER DAY	U	LITERS PER HOUR			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)				1. AMOUNT	
X-1	S 0 2	600	G	5			
X-2	T 0 3	20	E	6			
1	S 0 2	527,451	G	7			
2	S 0 1	935,000	G	8			
3	T 0 1	187,000	G	9			
4	T 0 4	600	E	10			

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

T04 - Three stills producing 600 gallons per hour.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

FORM 3510-3
EPA
HAZARDOUS WASTE PERMIT APPLICATION
 Consolidated Permits Program
 (This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER
 F I 40 0 0 2 9 3 1 2 2 1 3

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ **1. EXISTING FACILITY** (See instructions for definition of "existing" facility. Complete item below.)

☒ **2. NEW FACILITY** (Complete item below.)

C **8** **8** **0** **0** **7** **1** **1**
 FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

C **8** **0** **0** **7** **1** **1**
 FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ **1. FACILITY HAS INTERIM STATUS**

☐ **2. FACILITY HAS A RCRA PERMIT**

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE CODE			UNIT OF MEASURE CODE		
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
1	S 0 2	600	G	5			
2	T 0 3	20	E	6			
3	S 0 2	527,451	G	7			
4	S 0 1	935,000	G	8			
5	T 0 1	187,000 19,000	E	9			
6	T 0 4	6000	E	10			

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY															
5 1 2 3 4 5 6 7 8 9 10 11 12 T/A C W 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26													5 1 2 3 4 5 6 7 8 9 10 11 12 T/A C W 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26															
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																												
W NO JZ	A. EPA HAZARD. WASTENO (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES																								
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))																
1	F 0 0 3	5,714	T	S 0 1	T 0 1																							Still Bottoms will be blended and sold as fuel.
2	F 0 0 5	3,206	T	S 0 2	T 0 1																							" " "
3	U 0 0 2	103	T	S 0 2	T 0 1																							Liquid & Sludges will be distilled or blended and used as fuel or re-cycled
4	U 1 4 0	86	T	S 0 2	T 0 1																							" " "
5	U 1 5 9	187	T	S 0 2	T 0 1																							" " "
6	U 2 2 0	193	T	S 0 2	T 0 1																							" " "
7	U 2 2 6	41.25	T	S 0 2	T 0 1																							" " "
8	U 2 3 9	206	T	S 0 2	T 0 1																							" " "
9																												
10																												
11																												
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25																												
26																												

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

ILT 180013872

EPA I.D. NO. (enter from page 1)

5	4	3	2	1	0	9	7	6	5	4	3	2	1	0	T/A/C
F	I	L	T	1	8	0	0	1	3	8	7	2			6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

9	0	0	8	3	0
65	66	67	68	69	71

3	8	3	6	3	0
72	74	75	76	77	79

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Norma N. Chase/President

B. SIGNATURE

Norma N. Chase

C. DATE SIGNED

8-26-80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Administrative
Mr. Terry L. Hein/Manager

B. SIGNATURE

Terry L. Hein

C. DATE SIGNED

8/26/80

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

ILT180013872

EPA I.D. NO. (enter from page 1)											
1	2	3	4	5	6	7	8	9	10	11	12
F	I	L	T	1	8	0	0	1	3	8	7
										13	14
										15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)												LONGITUDE (degrees, minutes, & seconds)											
38	36	300	9	0	0	8	4	30	090	08	300	3	8	3	6	30							

VIII. FACILITY OWNER

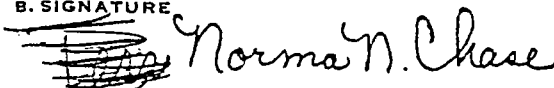
☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER												2. PHONE NO. (area code & no.)											
3. STREET OR P.O. BOX												4. CITY OR TOWN											
5. ST.												6. ZIP CODE											

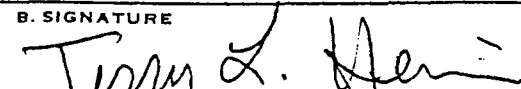
IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Norma N. Chase/President		8-26-80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Administrative Mr. Terry L. Hein/Manager		8/26/80

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W I L D I D 9 7 9 3 1 2 2 4 5 1													W DUP 2 DUP												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																		
							1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))														
1	F	0	0	3	5,714	T	S	0	1	T	0	1	Still Bottoms will be blended and sold as fuel.												
2	F	0	0	5	3,206	T	S	0	2	T	0	1	" " "												
3	U	0	0	2	103	T	S	0	2	T	0	1	Liquid & Sludges will be distilled or blended and used as fuel or re-cycled												
4	U	1	4	0	86	T	S	0	2	T	0	1	" " "												
5	U	1	5	9	187	T	S	0	2	T	0	1	" " "												
6	U	2	2	0	193	T	S	0	2	T	0	1	" " "												
7	U	2	2	6	41.25	T	S	0	2	T	0	1	" " "												
8	U	2	3	9	206	T	S	0	2	T	0	1	" " "												
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